STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JOHN ENGLER
GOVERNOR

JAMES K. HAVEMAN, JR.
DIRECTOR

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Dear Medicaid Provider:

If you submit paper claims to the Michigan Department of Community Health (MDCH) for services provided to Medicaid, Children's Special Health Care Services, or State Medical Program beneficiaries, you may be experiencing significant claim processing delays. Please read the following to find out how you can help alleviate the delays.

The best way to avoid claim processing delays is to submit claims electronically. Electronic claims are processed faster, with fewer pends and rejections, because they are not subject to the front-end handling that paper claims must go through. For more information about submitting electronic claims, review the MDCH Electronic Billing Manual on the MDCH website at the address noted below, or e-mail the Electronic Billing Unit at AutomatedBilling@michigan.gov.

If you continue to bill on paper, you can help reduce claim processing delays by acting on the following:

- When a claim is submitted on paper, it is scanned to create an electronic image that is read by our invoice processing system. The equipment can read a variety of printer fonts, but has difficulty reading light ink, dot matrix, small fonts, etc. Poor claim preparation results in misread data which, in turn, may cause the claim to pend or reject, or be subject to lengthy delays as the claim must be manually key-encoded into our system. **Please refer to, and abide by, the claim completion guidelines in your Medicaid Provider Manual to avoid errors and delays caused by improper claim completion.**

- **Do not send attachments with claims unless we have asked you to send them.** The Department's Uniform Billing Project greatly reduced documentation requirements as modifiers or other data elements may provide the information necessary.

  ➢ For HCFA 1500/837P claims, Medicaid Databases on our website indicate when additional documentation must be provided. The website address is http://www.michigan.gov/mdch. Once in the website, click on "Providers", "Information for Medicaid Providers", "Medicaid Fee Screens." The one documentation requirement that was implemented with the HCFA 1500 paper claim was the need to submit other payer's (Medicare or commercial insurance) EOBs if the payer covered the service. **You must submit other payer's explanation of benefits (EOBs) with a paper claim** as there is no place to report all the data on the paper form. However, **if you bill electronically, no EOB is required** as all other payer amounts are reported in specific data elements in the format.

  ➢ For UB-92 paper, UB-92 EMC 5.0, or 837I claims, refer to your Medicaid Provider Manual for documentation requirements. Please review the requirements to avoid sending unnecessary documents. UB-92 paper claims do NOT require an EOB to be submitted with the claim.

Review the current documentation requirements that apply to you. Each paper claim and additional piece of paper documentation submitted must be processed through our scanning equipment causing a delay in final adjudication to you. It is costly for you to bill on paper, submit attachments, and experience long delays for payment. It is to your advantage to bill electronically and limit paper claim submission to those instances when additional paper attachments are required by the program.

General billing questions may be directed to our Provider Inquiry line at 800-292-2550 or e-mailed to ProviderSupport@michigan.gov. We want to process your claims quickly and correctly and ask your cooperation in achieving this goal.

Sincerely,

James K. Haveman, Jr.